OPERATOR QUALIFICATION FIELD INSPECTION PROTOCOL FORM

Inspection Date(s):	04.06.11 and 04.13.11
Name of Operator:	Cascade Natural Gas Corporation
Operator ID (OPID):	2128
Inspection Location(s):	Whatcom County WA
Supervisor(s) Contacted:	Rick Kelln
# Qualified Employees Observed:	3
# Qualified Contractors Observed:	0

Individual Observed	Title/Organization	Phone Number	Email Address
Steve Vance	Operator	N/A	N/A
Dale Savard	Comb. Welder	N/A	N/A
Jason Frank	Svc. Mechanic	N/A	N/A

To add rows, press TAB with cursor in last cell.

PHMSA/State Representat	ive Region/Stat	te Email Address
Steph Zuehlke	NW/WA	szuehlke@utc.wa.gov

To add rows, press TAB with cursor in last cell.

Remarks:

A table for recording specific tasks performed and the individuals who performed the tasks is on the last page of this form. This form is to be uploaded on to the OQBD for the appropriate operator, then imported into the file.

9.01 Covered Task Performance

Verify the qualified individuals performed the observed covered tasks in accordance with the operator's procedures or operator approved contractor procedures.

9.01 Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

9.02 Qualification Status

Verify the individuals performing the observed covered tasks are currently qualified to perform the covered tasks.

Entropy ox ox new constant	Inspection Results an X in exactly one cell below)	Inspection Notes
x I	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

9.03 Abnormal Operating Condition Recognition and Reaction

Verify the individuals performing covered tasks are cognizant of the AOCs that are applicable to the tasks observed.

9.03 Inspection Results (type an X in exactly one cell below)		Inspection Notes
x	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

9.04 Verification of Qualification

Verify the qualification records are current, and ensure the personal identification of all individuals performing covered tasks are checked, prior to task performance.

	Inspection Results an X in exactly one cell below)	Inspection Notes
X	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

9.05 Program Inspection Deficiencies

Have potential issues identified by the headquarters inspection process been corrected at the operational level?

9.05 Inspection Results (type an X in exactly one cell below)		Inspection Notes
x	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

Field Inspection Notes

The following table is provided for recording the covered tasks observed and the individuals performing those tasks.

		Name/ID of Individual Observed			
		Steve Vance	Dale Savard	Jason Frank	
No	Task Name	Correct Performance (Y/N)	Correct Performance (Y/N)	Correct Performance (Y/N)	Comments
1	FI Calibration	Y			·
2	Leak Survey	Y	Y		
3	Locating		Y	Y	
4	CP reads			Y	
5					
6					
7					
8					